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CONFIRMATION NO. 9167

<b>SERIAL NUMBER</b> 10/530,847	<b>FILING OR 371(c) DATE</b> 04/08/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> P-5801
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/31249 10/02/2003  
 which claims benefit of 60/418,051 10/11/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> BRAZIL	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

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**TITLE**

Single use syringe having safety shield

<b>FILING FEE RECEIVED</b> 1280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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